

Financial Disclosure by Executive Employees
Filing Form Covering Calendar Year 2008
Filing Deadline: Thursday April 20 2000

Filing Deadline: Thursday, April 30, 2009, 5 p.m.

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question \(\)

	Section 1: Name/Address/Phone
Your name:	Section 1, Name/Address/Findre
Bonnie E. Russell	
Your Agency/Department/Bure	Paul Division:
- ·	
	nent of Professional and Financial Regulation/Office of Securities
Your Title:	Trial - A -41 - Cl with a A decisional
	r Title: Acting Securities Administrator
Your State Agency Mailing Ad	dress:
Former Agency's mailing	address: 121 State House Station, Augusta, Maine 04333-0121
Your State Agency Phone Nur	mber:
207-624-8551	
	Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-§2)
corporation, association or or check the following box and skind and skind are considered as a scalar content of the corporation of the corporatio	n state government: If during 2008 you were <u>neither</u> separately employed by another person, firm, rganization, <u>nor</u> self-employed, <u>nor</u> had any other sources of income over \$1000 from each source, kip to question 3. If, during 2008, you were an employee of another person, firm, corporation, association, or nization as opposed to being self-employed, fill out the following; if not, go to question 2-B: ame of the employing entity:
Its add	ature of the business (its principal type of economic activity; for a law firm, the firm's major areas of

2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.)
The name of your business:
N/A
Its address:
The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice):
Name and a superior of income the superior and a superior mant that he is an although
Name each source of income through self-employment that brings either: · more than \$1000; or · more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)
2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a
definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)
Maine Public Employees Retirement System 46 State House Station Augusta, Maine 04333-0046

Continue 2 Citto
Section 3. Gifts
List the specific source of each gift received: (For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E, attached.)
N/A
Section 4. Family Member Income
List here the type of economic activity engaged in by any member of your immediate family which resulted in \$1,000 or more in 2008.
If the income was received by your spouse or domestic partner, list his or her name. If the income received by an immediate family
member is derived from employment or compensation, also include the job title.
N/A
Section 5. Honoraria
List here the sources of any honoraria (not travel or expenses) accepted for appearances or speeches related to your official duties.
(For a definition of honorarium, see 5 MRSA §19 sub-§1 ¶F, attached. Note that this involves honoraria in any amount, not just
amounts over \$1000.)
N/A
Section 6. Compensated work on behalf of executive branch agencies
Aside from your official salary, list here each executive agency before which you or an immediate family member has represented or
assisted others in return for compensation of any amount:
N/A

excess of \$1000:
N/A
Section 8. Reportable liabilities
List here the name(s) of your creditors for any reportable liabilities (unsecured loans) of \$3000 or more received from a person not a relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or business loans from most financial institutions. (For a definition of reportable liabilities, see 5 MRSA §19 sub-§1 ¶-1, attached; of relatives, same, ¶1.)
Lorn a an giamar an true neixeta, advantional lanna
I am a co-signer on two private, educational loans.
Oath or Affirmation (Notarization)
"Do you solemnly swear (affirm) that the contents of this report are known to you and that the matters and things therein set forth are
true (so help you God)?"
$Q \rightarrow A \cap A$
Signature of Executive Employee:
Signature of Executive Employee:
1/1./ 17
Date: $\frac{4/14}{2009}$
Λ
Subscribed and sworn (affirmed) to before me this 145 day of April
ľ
Signature of Maine Notary Public Melase Hichage
Notary Public, State of Maine
way and or man
A : 11 2 = 111
Mpr.1 11, 2019
My commission expires (date)
MELISSA HUTCHINGS
Notary Public • State of Mains
My Commission Expires April 11, 2014
Seal (optional)

Section 7. Sales to executive branch agencies

List here each executive branch agency to which you or your immediate family members sold goods or services with a value in

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135